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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. BLUECROSS BLUESHIELD OF TENNESSEE INC POLITICAL ACTION COMMITTEE (BCBSTN PAC) 1 CAMERON HILL CIRCLE ADDRESS (number and street) (Check if address is changed) CHATTANOOGA 37402 TN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tavarski\_hughes@bcbst.com (Check if address X is changed) Optional Second E-Mail Address Daniel\_Gregory@bcbst.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 08 2022 C00503003 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Hughes, Tavarski, , Mr., Type or Print Name of Treasurer Hughes, Tavarski, , Mr., [Electronically Filed] 04 08 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE	raye <b>z</b>
Can	ndidate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.	)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	<b>(</b> D
(d)		(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
		Corporation	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	•
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC <b>Form 1</b> (Revised	02/2000)	Page <b>3</b>
Write or Type Committee Name		i age <b>3</b>
	HIELD OF TENNESSEE INC POLITICAL ACTION COMMIT	TEE (BCBSTN PAC)
	Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	
•		deranip i Ao aponaoi
Blue Cross Blue Shiel	d of Alabama PAC	
Mailing Address	2 North Jackson Street	
	Suite 202	
	Montgomery AL 3610	04
	CITY STATE	ZIP CODE
Relationship: Connecte	d Organization 🗶 Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Idea books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the person in	1 possession of committee
Phipps, Le	eslie, , ,	
	1 Cameron Hill	
Mailing Address		
	Chattanooga TN 374	J02
Title or Position	CITY STATE	ZIP CODE
Sr. Financia Analyst	Telephone number	
3. <b>Treasurer:</b> List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	e name and address of
	avarski, , Mr.,	1
of Treasurer	ı1 Cameron Hill Circle	
Mailing Address		
	Chattanooga TN 374	
Title or Position Director, Federal Re	CITY STATE  Talanhara number   901   -	ZIP CODE _   417   2486
	Telephone number	

FEC Form	n 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated	Gregory, Daniel, , ,	
Agent  Mailing Address	1 Cameron Hill Circle	
g / tauloss		
	Chattanooga TN 37402  CITY STATE Z	IP CODE
Title or Position VP Control and	Acc. Telephone number 423 - 53	35 8224
Banks or Other safety deposit bo Name of Bank, [	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds exes or maintains funds.  Depository, etc.	accounts, rents
	First Tennessee Bank	
Mailing Address	701 Market Street	
	Chattanooga TN 37402	
	CITY STATE Z	IP CODE
Name of Bank, [	Depository, etc.	
Mailing Address		
	CITY STATE Z	IP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fundr nent Committee - the Polit	aising Representative	e, or Leadership PAC Spon
Mailing Address	PO Box 13466		
	Phoeniz	AZ	85002
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	ative Leadership PAC Sp
	Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
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esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sparitive  Leadership PAC Sparitive  ZIP CODE
esignated Agent: Identif	by by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	cy by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION   anks or Other Depositor	cy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank,	cy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank, epository, etc.	cy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	cy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
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# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisi</b>			
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected Blue Cross Voice	Organization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Spor
Mailing Address	19 North Main Street		
maining radiooc			
	Wilkes Barrre	ı PAı	18711
Relationship:	CITY A	STATE A	ZIP CODE A
riciationship.	OH T	SIAIE	ZIF CODE
Connecte	d Organization X Affiliated Committee	int Fundraising Represent	ative Leadership PAC S
		int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif	Affiliated Committee Joing by name, address (phone number – optional)	int Fundraising Represent	ative Leadership PAC S
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esignated Agent: Identif		int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif	by by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)	int Fundraising Represent	
esignated Agent: Identif  Full Name    Mailing Address	by by name, address (phone number – optional)  CITY		
esignated Agent: Identif	by by name, address (phone number – optional)  CITY	STATE A	
Full Name Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or m	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
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Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

n). <b>Joint Fundraising</b>							
1.				FEC ID no		C	-
2.				FEC ID no	ımber	С	
3.				FEC ID no	ımber	C	
4.				FEC ID no	ımber	C	
ame of Any Connected (			e, Joint Fund	raising Repres	entative	, or Leadership F	AC Spon
Independence Blu	e Cross Pac	(IBC PAC)					
Mailing Address	1901 Market Str	eet					
	Philadelphia				PA	19103	]-[
Relationship:		CITY A		S.	ΓATE ▲	ZIP C	ODE A
Connected	Organization <b>x</b>	Affiliated Commit	ttee Joint	t Fundraising Re	epresenta		
esignated Agent: Identify		Affiliated Commit		t Fundraising Re	epresenta		
esignated Agent: Identify  Full Name		Affiliated Commit		t Fundraising Re	epresenta		nip PAC S
esignated Agent: Identify		Affiliated Commit		t Fundraising Re	epresenta		
esignated Agent: Identify  Full Name		Affiliated Commit		t Fundraising Re	epresenta		
esignated Agent: Identify  Full Name	by name, address	Affiliated Commit	- optional)		epresenta		nip PAC S
esignated Agent: Identify  Full Name	by name, address	Affiliated Commit	- optional)		epresenta	tive Leaders!	nip PAC S
esignated Agent: Identify  Full Name  Mailing Address	by name, address	Affiliated Commit	r – optional)		TE A	tive Leadersh	nip PAC S
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor aftery deposit boxes or main	by name, address	Affiliated Commit	r – optional)	STA	TE A	Leadersh  ZIP CO	nip PAC S
Full Name Mailing Address  TITLE OR POSITION	by name, address	Affiliated Commit	r – optional)	STA	TE A	Leadersh  ZIP CO	nip PAC S
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or main fame of Bank,	by name, address	Affiliated Commit	r – optional)	STA	TE A	Leadersh  ZIP CO	nip PAC S
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or mail ame of Bank, epository, etc.	by name, address	Affiliated Commit	r – optional)	STA	TE A	Leadersh  ZIP CO	nip PAC S

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisi</b>			,   FEC	ID number	C
2.			FEC	ID number	С
			,   FEC	ID number	С
3.				ID number	C
4.					
ame of Any Connected	Organization, Affilia	ated Committee, Join	t Fundraising R	epresentativ	e, or Leadership PAC Spon
Blue Cross Blue	Shield of South	Carolina	1 1 1 1 1 1	1 1 1 1	
I					
Mailing Address	Interstate 20 at Alp	pine Road 			
	Columbia			SC	29219
Relationship:		CITY A		STATE ▲	ZIP CODE ▲
Connecte		Affiliated Committee	Joint Fundraisi	ng Represent	ative Leadership PAC S
esignated Agent: Identif				ng Represent	ative Leadership PAC S
esignated Agent: Identif				ng Represent	ative Leadership PAC S
esignated Agent: Identif				ng Represent	ative Leadership PAC S
esignated Agent: Identif	y by name, address	(phone number – option	onal)		
esignated Agent: Identif	y by name, address	(phone number – option	onal)	ng Represent	
esignated Agent: Identif	y by name, address	(phone number – option	onal)	STATE A	
esignated Agent: Identification  Full Name   _   _    Mailing Address  TITLE OR POSITION	y by name, address	(phone number – optic	onal)  Telephone	STATE A Number	ZIP CODE A
esignated Agent: Identification  Full Name   _   _    Mailing Address  TITLE OR POSITION	y by name, address	(phone number – optic	onal)  Telephone	STATE A Number	
esignated Agent: Identification  Full Name	y by name, address	(phone number – optic	onal)  Telephone	STATE A Number	ZIP CODE A
esignated Agent: Identification  Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	y by name, address	(phone number – optic	onal)  Telephone	STATE A Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address	(phone number – optic	onal)  Telephone	STATE A Number	ZIP CODE A

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or material depositions, epository, etc.  Mailing Address	I ▼	CITY A s or other depositories in wh	STA <sup>*</sup> Telephone Numb	er	ZIP CODE  ZIP CODE  s, holds accounts, rent
TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank, epository, etc.	I ▼	CITY A	STA <sup>*</sup> Telephone Numb	er	ZIP CODE ▲
TITLE OR POSITION  anks or Other Deposite defety deposit boxes or management of Bank,	I ▼	CITY A	STA <sup>*</sup> Telephone Numb	er	ZIP CODE ▲
TITLE OR POSITION	I ▼	CITY A	STA <sup>*</sup> Telephone Numb	er	ZIP CODE ▲
			STA	TE A	
			STA	TE A	
Mailing Address			1 1		
Mailing Address					
Mailing Address					
	1				
		ss (phone number – optiona			
Connecte	ed Organization	Affiliated Committee	Joint Fundraising Re	presentative	Leadership PAC Sp
Relationship:		CITY A	ST	L ATE ▲	ZIP CODE ▲
	Des Moines		] ]	IA <sub> </sub> 5	50309
Maining Address	Sta. 5W570				
Mailing Address	1331 Grand Av	renue		1 1 1 1	
lame of Any Connected Wellmark, Inc. Pa	_	filiated Committee, Joint Fo	Indraising Repres	entative, or L	eadership PAC Spons
4.			FEC ID nu	mber C	
3.			ر   FEC ID nu	mber C	
3.			FEC ID nu	mber C	
1			J	-	

FEC Form 1S (Revised 02/2017)

h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spon
Mailing Address	50 Beale Street		
	17-C356		
	San Francisco	CA CA	94105
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		nt Fundraising Representa	Leadership PAC Sp
	y by name, address (phone number – optional)	nt Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	STATE A	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

and the second s	ng Participant:		
1.		FEC ID number	C
2		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	C
	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
Hawaii Medicai S	ervice Association Emp		
	l 818 Keeaumoku Street		
Mailing Address			
	Hardet.		00044
	Honolulu	HI	96814
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee J	oint Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY A		ZIP CODE A
Full Name	CITY A		
Full Name Mailing Address  TITLE OR POSITION	CITY A	STATE ▲ Telephone Number	ZIP CODE 🛦
Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor defety deposit boxes or mail	CITY A	STATE A Telephone Number	ZIP CODE 🛦
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Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor detay deposit boxes or mail	CITY A	STATE A Telephone Number	ZIP CODE 🛦
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor dety deposit boxes or material deposit boxes or material depository, etc.	CITY A	STATE A Telephone Number	ZIP CODE 🛦
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or material deposit boxes or material depository, etc.	CITY A	STATE A Telephone Number	ZIP CODE 🛦

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g)	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO Box 2291		
		Durham	ı NC ı	, 27702
	Relationship:	CITY <b>A</b>	STATE A	ZIP CODE ▲
			undraising Representa	
8.	Designated Agent: Identify	by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
			ephone Number	
9.		ries: List all banks or other depositories in which th	e committee deposit	s funds, holds accounts, rents
	safety deposit boxes or ma	untains funds.		
	Name of Bank,			
	Name of Bank, Depository, etc.			
	Name of Bank, Depository, etc.			

FEC Form 1S (Revised 02/2017)

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
=	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
Mailing Address	One Pershing Square		
	2301 Main Street		
	Kansas City	MO	64108
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identif	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name   _   _   Mailing Address  TITLE OR POSITION	CITY A  cries: List all banks or other depositories in which	Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	CITY A  cries: List all banks or other depositories in which	Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank, epository, etc.	CITY A  cries: List all banks or other depositories in which	Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank, epository, etc.	CITY A  cries: List all banks or other depositories in which	Telephone Number	

FEC Form 1S (Revised 02/2017)

h). <b>Joint Fundraisi</b>		FEC ID number	С
1.		FEC ID number	C
2.			
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	d Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
Highmark Health	PAC of Highmark Inc.		
Mailing Address	1800 Center Street		
Walling Address			
	Camp Hill	PA	17089
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connect	ed Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC S
	fy by name, address (phone number – optional)	Fundraising Hepresenta	Leadership PAC S
esignated Agent: Identi		- Fundraising Hepresenta	Leadership PAC S
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# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundrais</b> i	ng rantopant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Spon
Carefirst BlueCro	oss Blueshield Association		
	10455 Mill Run Circle		
Mailing Address	10433 Will Citie		
	Owings Mill	MD	21117
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee Jo	int Fundraising Represent	ative Leadership PAC S
Connecte	ed Organization Affiliated Committee Joint	int Fundraising Represent	ative Leadership PAC S
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esignated Agent: Identi Full Name Mailing Address	ify by name, address (phone number – optional)	STATE A	
Esignated Agent: Identification of the connected agent and a session of the connected and a session of the connected agent agent agent agent and a session of the connected agent	ify by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Esignated Agent: Identification of the comments of the comment	ify by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification of the session of t	ify by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Esignated Agent: Identification of Bank, Connected Esignated Agent: Identification of Connected Esignated	ify by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Esignated Agent: Identification of the composite of the c	ify by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Connecte esignated Agent: Identi Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposit fety deposit boxes or mame of Bank, epository, etc.	ify by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisi</b> r			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	С
	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spor
Blue Cross and B	llue Shield of Nebraska		
	<sub>I</sub> 7261 Mercy Road		
Mailing Address	PO Box 3248		
	Omaha 	NE NE	68180
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		int Fundraising Represent	ative Leadership PAC S
Connecte	d Organization Affiliated Committee Joy by name, address (phone number – optional)	int Fundraising Represent	ative Leadership PAC S
Connecte		int Fundraising Represent	ative Leadership PAC S
Connecte esignated Agent: Identif		int Fundraising Represent	ative Leadership PAC S
Connecte esignated Agent: Identif	y by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC S
Connecte esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)	int Fundraising Represent	
Connecte esignated Agent: Identif	y by name, address (phone number – optional)  CITY		
Connecte  esignated Agent: Identife  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito fety deposit boxes or management of Bank,	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Connecte  esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite  affety deposit boxes or material boxes or material boxes or material boxes.	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Connecte  esignated Agent: Identife  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito fety deposit boxes or management of Bank,	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Connecte  esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite  affety deposit boxes or material boxes or material boxes or material boxes.	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisi</b>		FEC ID number	C
1.		FEC ID number	С
2.			
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Bluepac of Penns	sylvania		
	PO Box 60710		
Mailing Address			
	Harrisburg	PA PA	17106
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	ative Leadership PAC S
	Affiliated Committee Joint by by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif	fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identii  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name   _   _    Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   To	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name   _   _    Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		FEC ID number	C
2.			
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Florida Health Po	olitical Action Committee		
Mailing Address	4800 Deerwood Campus Parkwy, Dc3-4		
Mailing Address	PO Box 6936		
	Jacksonville	FL	32236
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee Joint	t Fundraising Represent	Leadership PAC Sp
	Affiliated Committee Joint fy by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

1.	g Participant:	FEC ID nur	mber C
		 ,  FEC ID nui	mber C
2.		FEC ID nu	-1 - 1 - 1 - 1
3.			
4.		FEC ID nui	mber C
ame of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Represe	entative, or Leadership PAC Sp
	hield of Michigan PAC		
Mailing Address	232 S. Capitol		
	MC L10A		
	Lansing		MI 48933
Relationship:	CITY A	STA	ATE A ZIP CODE A
		-	
	Organization	Joint Fundraising Rep	presentative Leadership PAC
			Dresentative Leadership PAC
esignated Agent: Identify			Dresentative Leadership PAC
esignated Agent: Identify  Full Name			Dresentative Leadership PAC
esignated Agent: Identify  Full Name		nal)	Dresentative Leadership PAC
esignated Agent: Identify  Full Name	by name, address (phone number – optio	nal)	
esignated Agent: Identify  Full Name	by name, address (phone number – optio	nal)	TE A ZIP CODE A
esignated Agent: Identify  Full Name	by name, address (phone number – option	nal)  STAT  Telephone Number	ZIP CODE A
esignated Agent: Identify  Full Name	by name, address (phone number – option	nal)  STAT  Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or ma	by name, address (phone number – option	nal) STAT	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or ma	by name, address (phone number – option	nal) STAT	ZIP CODE A
esignated Agent: Identify  Full Name	by name, address (phone number – option	nal) STAT	ZIP CODE A

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisi</b>	ig i artioipant.	FEC ID number	C
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Health Care Serv	rice Corporation Employ		
Mailing Address	300 E. Randolph		
	Chicago	IL IL	60601
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi	Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	tive Leadership PAC S
		Fundraising Representa	ative Leadership PAC S
esignated Agent: Identi		Fundraising Representa	Leadership PAC S
esignated Agent: Identi		Fundraising Representa	Leadership PAC S
esignated Agent: Identing Full Name	fy by name, address (phone number – optional)		Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identing Full Name     Mailing Address	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017) for Lines

	ng Participant:		
1		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	draising Representativ	e, or Leadership PAC Sponso
Blue Cross and E	llue Shield of Kansas		
Mailing Address	1133 SW Topeka Blvd		
	Cc:855 - B3		
	Topeka 	KS KS	66629
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		nt Fundraising Represent	ative Leadership PAC Spo
	d Organization  Affiliated Committee Joi y by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identif		nt Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identif	y by name, address (phone number – optional)		
Designated Agent: Identif	y by name, address (phone number – optional)		Leadership PAC Spo
Designated Agent: Identification Full Name Mailing Address	y by name, address (phone number – optional)  CITY		
Pesignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite Safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisi</b>		FEC ID number	С
1.		FEC ID number	C
2.			
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Wellpoint, Inc. W	ellpac		
Mailing Address	120 Monument Circle		
-			
	Indianapolis	IN L	46204
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	Leadership PAC Sp
	Affiliated Committee Joint Joint y by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   To	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). <b>Joint Fundraisi</b> r			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spon
Cambia Health S	olutions Inc. PAC		
	∣ 200 SW Market St.		
Mailing Address			
	PO Box 1271 MS E12C		
	Portland	OR	97207
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Join by by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif  Full Name  Mailing Address	by by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identif	by by name, address (phone number – optional)  CITY		
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   To	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito	y by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank,	y by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite aftety deposit boxes or m  ame of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   To  pries: List all banks or other depositories in which	STATE A	ZIP CODE A

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
lama of Amu Oamaaatad	Ourseliestics Affiliated Committee Leigh Funds	nicione Demonstration	an Landauskin BAO Onen
Premera Blue Cro	Organization, Affiliated Committee, Joint Fundress Political Action	aising Representative	e, or Leadership PAC Spon
Mailing Address	7001 220th Street SW		
. J			
	Mountlake Terrace	WA WA	98043
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identify	, by name, address (phone number – ontional)		
esignated Agent: Identify	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name     Mailing Address  TITLE OR POSITION	CITY A	elephone Number	
Full Name  Mailing Address  TITLE OR POSITION	CITY A  Te	elephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or material deposition are of Bank,	CITY A  Te	elephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or material deposition are of Bank,	CITY A  Te	elephone Number	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mailame of Bank, depository, etc.	CITY A  Te	elephone Number	

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6, 8 a

h). <b>Joint Fundraisi</b>		FEC ID number	C
1.		J	
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e. or Leadership PAC Spon
-	ESHIELD OF TENNESSEE INC POLITIC	• .	
Mailing Address	1 CAMERON HILL CIRCLE		
	CHATTANOOGA		37402
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
<b>x</b> Connecte	ed Organization Affiliated Committee	oint Fundraising Represent	tative Leadership PAC S
			Leadership PAC S
esignated Agent: Identi	od Organization Affiliated Committee J		tative Leadership PAC S
esignated Agent: Identi			Leadership PAC S
esignated Agent: Identi			Leadership PAC S
esignated Agent: Identi			Leadership PAC S
esignated Agent: Identi			Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional		
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional  CITY   CITY   CITY   Dries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional  CITY   CITY   CITY   Dries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional  CITY   CITY   CITY   Dries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional  CITY   CITY   CITY   Dries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional  CITY   CITY   CITY   Dries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A